How To Complete This Application

IF QUESTIONS: Call (608) 266-1466 or contact the DMV Customer Service Center nearest you.

For a list of title and registration locations, visit www.dot.wisconsin.gov/drivers/index.htm.

To replace a lost or damaged Wisconsin title, complete Sections A though D as they apply. If you are the lien holder who currently holds the title for this vehicle please also complete the Vehicle Lien Holder Certification section.

SECTION

MV2119

7/2012

A Vehicle Owner Information

Owner/Co-owner: The names that will be on the replacement title will match what is currently in our records. "And" means all owners must sign the title to transfer ownership. "Or" means only one owner must sign the title.

Social Security Number and Driver License Number: If you are applying as an individual, you are required to provide your Social Security Number (SSN), under s.342.06(1)(eg) Wis. Stats. If you have a WI driver license, you may provide that number instead of your SSN. Under the Social Security Act, 42 USCs. 405,(c) (2)(C) (i), the department and other state and federal agencies may use the SSN for purposes authorized by law. FEIN: Federal Employer Identification Number is required for corporations or other non-individual owners.

B Vehicle Information

The vehicle identification number and plate number are necessary to process your application.

Loan Information: If you borrowed money for this vehicle, contact the lender for the correct information. Please show complete mailing address. For any new loans you may be adding, complete lien holder #1 section. You will receive a Confirmation of Ownership and your title will be sent to the first listed lien holder on the title. If you are adding more than one loan, complete the lien holder #2 section and include an additional loan filing fee.

If you are listed on the Department of Children and Family Services (DCF) docket for unpaid child support, the title will be delivered to their office if there are no other liens on the vehicle, and you will receive a Confirmation of Ownership. If you have guestions about child support, contact DCF at: (608) 267-3905.

D Fees

Replacement Title Fee is required to replace a lost, stolen or mutilated Wisconsin title.

Loan Filing Fee is required if you are adding a new loan to the vehicle at the time of application for a replacement title.

Wisconsin Department of Transportation

Counter Service Fee is required if you apply in person at a DMV Customer Service Center.

Processing Fee may be required if you are adding a loan and the Secured Party is not filing electronically, add \$5 for DMV processing. Nonexempt Secured Parties must pay an additional \$20 surcharge which may not be charged to the customer.

Release of Non-Exempt Information: Under Wisconsin open records law, the Wisconsin Department of Transportation must provide information from its records to requesters. If you do not want your name and address included in requests we receive for ten or more records, you may ask the department to withhold your name and address from those lists. Form MV3592 is available at DMV Customer Service Centers and at: www.dot.wisconsin.gov/forms.

ADA: The Wisconsin Department of Transportation complies with the Americans with Disabilities Act.

Information Regarding Title to Lien Holder

July 30, 2012, Wisconsin became a title to lien holder (lender) state. Any title with a lien (loan) listed as of July 30, 2012, will be sent to the lien holder rather than the owner. Owners of vehicles will receive a Confirmation of Ownership (Form T056) and will receive the actual title when all liens are paid off. Vehicle owners are not eligible to apply for a replacement title until that time.

- Customers may apply for a replacement title for vehicles that are currently titled in their name. This excludes any vehicles titled after July 30, 2012, with a lien listed. Titles with liens issued after this date will only be issued to lien holders. To check for lien information on your vehicle, refer to online services at: wisconsindmy.gov.
- Lien holders who received an electronic title cannot apply for a replacement using the MV2119, they must contact their service provider for assistance.

REPLACEMENT TITLE APPLICATION

Wisconsin Department of Transportation MV2119 7/2012 s.342.13 Wis. Stat

Processor ID No

Received - Date - Opened



Amount Received, Document No. Check Cash

DO NOT WRITE ABOVE THIS LINE. Complete form using BLUE or BLACK INK.

Use this form if you are replacing a lost, stolen, or mutilated title.

See the reverse side for more info	ormation. If this is a Tra	insfer of O	wnership,	please u	ise form M'	V1 – Title	e/License Pl	late Applic	ation.	
Section A - Vehicle Owner Inf										
Owner Legal Name - Last, First, Middle Initial OR Business Name			Birth Date		Owner Social Security # or Driver License # or FEIN - Required					
Co-owner (if any) - Name - Last, First, Middle Initial (check one) ☐ OR ☐ AND			Birth Date		Co-owner Social Security # or Driver License # or FEIN - Required					
Street Address (include PO Box if applicable)	ole) City	ı	State	ZIP Code	Owner Dayt	ime (Area	Code) Telephor	ne Number		
Section B - Vehicle Information	on									
Vehicle Identification Number		Year	Make	Type (Ca	ır, Truck, Van,	etc.)	Color	Fle	et No. (Optional)	
License Plate Number	Vehicle is kept in County OF:			City	Village	Town (d	check one) OF:			
Section C - Loan Information										
Use this section only if you are adding	a new lien. Any title with a	lien listed	as of July 3	0, 2012, w	vill be sent to	the lien I	holder rather	than the ow	/ner.	
LIEN HOLDER #1			,	OLDER #						
Name of Lending Agency(s) or Person(s)				Name of Lending Agency(s) or Person(s)						
Street Address (include PO Box if applicable)				Address (in	clude PO Box	if applicat	ole)			
City	State	ZIP Code	City					State	ZIP Code	
Secured Party Number	(Area Code) Telephone Nu	mber	Secure	ed Party Nu	mber		(Area Code)) Telephone I	Number	
Section D - Fees										
Replacement Title Fee - \$20 Loan Filing Fee - \$10(pay fee fo				lien holde to verify l	er. Please visien list dates	sit <u>https:/</u> s.	//trust.dot.st		be sent to the inq/linqservlet	
Counter Service Fee – \$5 (if you apply in person at WisDOT)\$ Processing Fee – (if applying thru an agent that files electronically an additional fee will be charged)\$				MAIL the application and check to: WI Dept. of Transportation PO Box 7949 Madison WI 53707-7949						
ENTER FEE TOTAL\$				Make Check Payable To: Registration Fee Trust						
Vehicle OWNER Certification By signing below, I (we) certify the statements on this application and (Owner Signature)	nat my (our) title is lost, st e true and correct.	olen or mu	tilated and		er Signature)	l by the lie	en holder. Th	e informat	ion and (Date)	
Vehicle LIEN HOLDER Certific	cation									
Wisconsin titles issued electronica issued a paper replacement title. So Name of Lending Agency(s) or Person(s)	lly to the lien holder cann		n. be	half as th		older of t	at we are req this title and t.			
Street Address (include PO Box if applica	ble)		X							
City State ZIP Code				(Lien Holder Signature) (Date) If you would like the title sent to a different address, please fill in the address below.						
Secured Party Number	(Area Code) Telephone Nu	Name		are and sell	o a uniere	ent auuress, pr	ease IIII III (ne auuress below.		
Did you Enclose a si	aned check with correct fe	es?	Addre	ss						
Did you Enclose a signed check with correct fees? Sign the application? Make a copy for your records?			City					State	ZIP Code	
1										